

**Arizona Department of Health Services
BUREAU OF EMERGENCY MEDICAL SERVICES**

CERTIFICATE CHANGE OR DUPLICATE CARD REQUEST

CHANGE REQUESTED: (Check **ALL** that apply)

☐ NAME CHANGE
(complete areas 1 & 2)

☐ ADDRESS CHANGE
(complete areas 1 & 3)

☐ DUPLICATE CARD
(complete areas 1 & 4)

1. FILL IN ALL INFORMATION IN THIS SECTION: (PRINT CLEARLY)

NAME: _____ TELEPHONE #: (____) _____

EMT-B ☐ EMT-I ☐ EMT-P ☐ SOCIAL SECURITY #: _____ (Mandatory)

2. FOR NAME CHANGE: A copy of the official document (e.g., marriage certificate, divorce decree, legal name change) evidencing the name change shall be included.

FORMER NAME: _____
LAST FIRST MIDDLE NAME OR INITIAL

NEW NAME: _____
LAST FIRST MIDDLE NAME OR INITIAL

3. FOR ADDRESS CHANGE:

OLD ADDRESS: _____
STREET CITY STATE ZIP

NEW ADDRESS: _____
STREET CITY STATE ZIP

4. DUPLICATE CARD REQUEST: (Select reason for request)

☐ Card Lost

☐ Card Destroyed

☐ Card Stolen

☐ Other (explain): _____

SIGNATURE _____

DATE _____

Central Region 150 N. 18 Ave., #540 Phoenix, AZ 85007 Phone: (602) 364-3186 Fax: (602) 364-3566	Northern Region 1500 E. Cedar Ave., #22 Flagstaff, AZ 86004 Phone: (928) 774-2218 Fax: (928) 774-2830	Southeastern Region 400 West Congress, #100 Tucson, AZ 85701 Phone: (520) 628-6985 Fax: (520) 770-3103	Western Region 150 N. 18 Ave., #540 Phoenix, AZ 85007 Phone: (602) 364-3186 Fax: (602) 364-3566
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